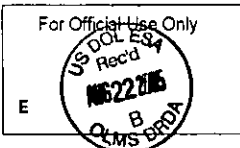


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>12508</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Robert</u> <u>Lennox</u> P.O. Box, Bldg., Room No., if any Street <u>9101 E. Whittier Blvd. 2nd Floor</u> City <u>Pico Rivera</u> State <u>California</u> ZIP Code + 4 <u>90060</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local Union No. 495</u> Labor Organization File Number <u>022-982</u> P.O. Box, Building and Room Number, if any Street <u>9101 E. Whittier Blvd. 2nd Floor</u> City <u>Pico Rivera</u> State <u>California</u> ZIP Code + 4 <u>90060</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8/15/05</u> <u>562 908-8727</u> Date Telephone Number

Name of Person Filing <u>Robert Lennox,</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Teamsters Miscellaneous Security Trust Fnd</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>Bldg. A-9 #11</u></p> <p>Street <u>1000 S. Fremont Ave.</u></p> <p>City <u>Alhambra</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91803</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>Expenses incurred by the Trustee for attending meetings and an educational conference of a jointly administered health and welfare trust fund during the year.</p>
	<p>11.b. Approximate dollar value of such dealing. \$2,388</p>
	<p>12.a. Nature of interest held or income received.</p> <p>_____</p>
	<p>12.b. Amount.</p> <p>_____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Palm Springs Rivera Hotel</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1600 N. Indian Canyon Drive</u></p> <p>City <u>Palm Springs</u></p> <p>State <u>California</u> ZIP Code + 4 <u>92262</u></p>	<p>14.a. Nature of payment.</p> <p>Gift baskets place in room where meetings were taking place.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$70</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Western Conf. of Teamsters Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any #102

Street 110 Main Street

City Edmonds

State Washington

ZIP Code + 4 98020

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Trustee expenses paid directly or reimbursed to Trustee for attending meetings for a jointly administered pension trust fund. Expenses include airfare, hotel, meals, ect.

11.b. Approximate dollar value of such dealing.

\$2,389

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Robert I-ennox

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Western Conf. of Teamster Supp. Benefit Trst

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1000 S. Fremont Ave.

City Alhambra

State California ZIP Code + 4 91803

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Trustee expenses reimbursed for attending meetings throughout the year for a jointly administered pension trust fund. Expenses include hotel, meals, ect.

11.b. Approximate dollar value of such dealing.

\$640

12.a. Nature of interest held or income received.

12.b. Amount.